

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 NOV -3 PM 3:23

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

RECEIVED CENTER

Together We Thrive

ADDRESS (number and street)

10524 Moss Park Road

Ste 204-115

Orlando

FL

32832-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000522458

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)

☐ July 15
Quarterly Report (Q2)

☐ October 15
Quarterly Report (Q3)

☐ January 31
Year-End Report (YE)

☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)

☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)
(Non-Election
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)
(Non-Election
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

☐ Primary (12P)

☒ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

11 / 09 / 2014

in the
State of

(d) 30-Day
POST-Election
Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD / YYYY

in the
State of

5. Covering Period

10 / 01 / 2014

through

10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Christopher Zullo

Signature of Treasurer

Ch Zullo

Date

10 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Together We Thrive

Report Covering the Period:

From:

10 01 2014

To:

10 15 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		
(b) Cash on Hand at Beginning of Reporting Period.....	0	
(c) Total Receipts (from Line 19)	595.00	87131
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	595.00	87131
7. Total Disbursements (from Line 31)	3235.2	5998.3
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2714.8	2714.8
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Together We Thrive

Report Covering the Period:

From:

10 / 01 / 2014

To:

10 / 15 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

590.00

841.31

(ii) Unitemized.....

5.00

30.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

595.00

871.31

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

595.00

871.31

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

595.00

871.31

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

595.00

871.31

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	30000	57234
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	2352	2749
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32352	59983
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	32352	59983

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans)
(from Line 11(d), page 3)
34. Total Contribution Refunds
(from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b)) ►
37. Offsets to Operating Expenditures
(from Line 15, page 3)
38. Net Operating Expenditures
(subtract Line 37 from Line 36) ►

59500
0
59500
0
0
0

87131
~~XXXXXXXXXX~~
87131
0
0
0

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)			PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name (Last, First, Middle Initial)

A. Zullo, Christopher

Mailing Address

10524 Moss Park Road Ste 204-115

City

Orlando

State

FL

Zip Code

32832

FEC ID number of contributing
federal political committee.

C

Name of Employer

PinPoint WebSolutions

Occupation

Consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

26631

Date of Receipt

10 / 01 / 2014

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Zullo, Christopher

Mailing Address

10524 Moss Park Road Ste 204-115

City

Orlando

State

FL

Zip Code

32832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

29131

Date of Receipt

10 / 09 / 2014

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Zullo, Christopher

Mailing Address

10524 Moss Park Road Ste 204-115

City

Orlando

State

FL

Zip Code

32832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

34131

Date of Receipt

10 / 09 / 2014

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name (Last, First, Middle Initial)

A. *Jarvis, Tonya*

Mailing Address

22681 Bella Rita Cir

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jarden

Occupation

Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00

500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 3
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Together We Thrive	FEC IDENTIFICATION NUMBER C00322458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on 10/15/2014	

Full Name of Payee PinPoint WebSolutions		Date of Public Distribution/Dissemination 10/14/2014	
Mailing Address 10524 Moss Park Road Ste 204-15		Amount 500.00	
City Orlando	State FL	Zip Code 32832	Date of Disbursement or Obligation 10/14/2014
Purpose of Expenditure Advertisement Design		Category/Type	
Name of Federal Candidate Charlie Crist		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: FL
Calendar Year-To-Date Per Election for Office Sought 32244		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions		Date of Public Distribution/Dissemination 10/14/2014	
Mailing Address 10524 Moss Park Road Ste 204-115		Amount 500.00	
City Orlando	State FL	Zip Code 32832	Date of Disbursement or Obligation 10/14/2014
Purpose of Expenditure Advertisement Design		Category/Type	
Name of Federal Candidate Bruce Braley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: IA
Calendar Year-To-Date Per Election for Office Sought 500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10000
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	10000
(c) TOTAL Independent Expenditures.....▶	10000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **Cl J** Date **10/15/2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>		FEC IDENTIFICATION NUMBER <u>C 00522458</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<u>10</u> / <u>15</u> / <u>2014</u>

Full Name of Payee <u>PinPoint WebSolutions</u>		Date of Public Distribution/Dissemination <u>10</u> / <u>14</u> / <u>2014</u>
Mailing Address <u>10524 Moss Park Road Ste 204-115</u>		Amount <u>5000</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32832</u>
Purpose of Expenditure <u>Advertisement Design</u>	Category/Type	Date of Disbursement or Obligation <u>10</u> / <u>14</u> / <u>2014</u>
Name of Federal Candidate <u>Kau Hagan</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <u>5000</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <u>PinPoint WebSolutions</u>		Date of Public Distribution/Dissemination <u>10</u> / <u>14</u> / <u>2014</u>
Mailing Address <u>10524 Moss Park Road</u>		Amount <u>5000</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32832</u>
Purpose of Expenditure <u>Advertisement Design</u>	Category/Type	Date of Disbursement or Obligation <u>10</u> / <u>14</u> / <u>2014</u>
Name of Federal Candidate <u>Alison Grimes</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought <u>5000</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<u>10000</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<u>20000</u>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature [Signature]

Date 10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **3** OF **3**
 FOR LINE 24 OF FORM 3X

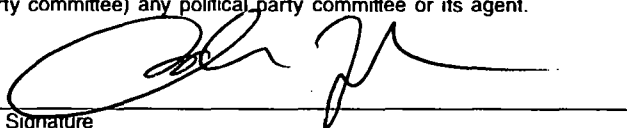
NAME OF COMMITTEE (In Full) Together We Thrive	FEC IDENTIFICATION NUMBER C 60522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on 10/15/2014	

Full Name of Payee PinPoint Web Solutions		Date of Public Distribution/Dissemination 10/14/2014	
Mailing Address 10524 Moss Park Road		Amount 50.00	
City Orlando	State FL	Zip Code 32832	Date of Disbursement or Obligation 10/14/2014
Purpose of Expenditure Advertisement Design		Category/Type	
Name of Federal Candidate Mark Pryor		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 50.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name of Payee PinPoint Web Solutions		Date of Public Distribution/Dissemination 10/14/2014	
Mailing Address 10524 Moss Park Road		Amount 50.00	
City Orlando	State FL	Zip Code 32832	Date of Disbursement or Obligation 10/14/2014
Purpose of Expenditure Advertisement Design		Category/Type	
Name of Federal Candidate Mark Udall		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: CO
Calendar Year-To-Date Per Election for Office Sought 50.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	300.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **10/15/2014**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name (Last, First, Middle Initial)

A. Act Blue Technical Services

Mailing Address

366 Summer Street

City

Somerville

State

MA

Zip Code

02144-3132

Purpose of Disbursement

Service fee

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify)

Service fee

State:

District:

Date of Disbursement

10 / 15 / 2014

Amount of Each Disbursement this Period

2352

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period


SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2352

2352

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS Ground</i>	Shipping Date <i>10/29/14</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>11/3/14</i> DATE PREPARED

(8/2013)

11/03/14 11:11 AM